

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         | JW       | 69801  | 6/27 |
| O.I.P.E. CLASSIFIER       |          | 59     | 7/1  |
| FORMALITY REVIEW          | JW       | 70246  | 9/20 |
| RESPONSE FORMALITY REVIEW |          |        |      |

## INDEX OF CLAIMS

✓ Rejected      N Non-elected  
   = Allowed      I Interference  
   - (Through numeral) Canceled      A Appeal  
   + Restricted      O Objected

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 1        | ✓    |
| 2        | ✓    |
| 3        | ✓    |
| 4        |      |
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| 17       |      |
| 18       |      |
| 19       | ✓    |
| 20       | ✓    |
| 21       | ✓    |
| 22       | ✓    |
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| 48       |      |
| 49       | ✓    |
| 50       | ✓    |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 3        | ✓    |
| 4        | ✓    |
| 51       | ✓    |
| 52       | ✓    |
| 53       | ✓    |
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| 65       | ✓    |
| 66       | ✓    |
| 67       | ✓    |
| 68       | ✓    |
| 69       | ✓    |
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| 75       | ✓    |
| 76       | ✓    |
| 77       | ✓    |
| 78       | ✓    |
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| 86       |      |
| 87       | ✓    |
| 88       | ✓    |
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| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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